

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-019297

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 47

Primary Registration District No. 3008

Registrar's No. 175

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

FILED JUN 11 1963

1. PLACE OF DEATH a. COUNTY <b>Callaway</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> COUNTY <b>Callaway</b>	
b. CITY (If outside corporate limits, give TOWNSHIP, only) OR TOWN <b>Fulton</b>		c. CITY OR TOWN <b>Fulton</b>	
Length of stay in 1b <b>10 Yrs</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Home</b>		d. STREET ADDRESS (If outside, give location) <b>1506 Forest Ave.</b>	
Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) <b>Herbert L. Upp</b>		4. DATE OF DEATH Month <b>June</b> Day <b>2</b> Year <b>1963</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>7/30/1892</b>
9. AGE (last birthday) <b>70</b>		IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Accountant &amp; Office Manager, Danuser's</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Blakesbury, Iowa</b>	
11. BIRTHPLACE (City and state or country) <b>U.S.A.</b>		12. CITIZEN OF WHAT COUNTRY	
13a. FATHER'S NAME <b>Millard F. Upp</b>		13b. MOTHER'S MAIDEN NAME <b>Lucia Leavitt</b>	
14. NAME OF HUSBAND OR WIFE <b>Ruth C Upp</b>		Address	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>Yes W.M.I.</b>		16. SOCIAL SECURITY NO. <b>Mrs. Herbert Upp Fulton, Mo</b>	
17. INFORMANT		Address	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Carcinoma of st. lung</b>		INTERVAL BETWEEN ONSET AND DEATH <b>+ 1 yr</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) DUE TO (c)		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour <input type="checkbox"/> a.m. <input type="checkbox"/> p.m. Month, Day, Year	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from <b>July 16, 1962</b> to <b>6/2/63</b> and last saw him alive on <b>6/1/63</b> Death occurred at <b>about 2:00 A.M.</b> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <b>Henry W. D. M.D.</b>		22b. ADDRESS <b>Fulton Mo.</b>	22c. DATE SIGNED <b>6/4/63</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>June 4, 1963</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Callaway Mem. Gardens</b>	23d. LOCATION (City, town, or county) (State) <b>Fulton Mo</b>
24. FUNERAL DIRECTOR <b>Browning Funeral Home</b>		25. DATE RECD. BY LOCAL REG. <b>June 4 - 1963</b>	26. REGISTRAR'S SIGNATURE <b>Martha Lawrence</b>

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DATE AMENDED

DOCUMENT

BY AFFIDAVIT OF

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Rev. 4/59

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JUN 26 1963

JUN 19 1963

JUN 12 1963

AUG 12 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Denzil C Browning

Licensed Embalmer No. 2724

P. O. Address Fulton, Md

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.